| Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB or | | | | | | |
|---|---|--------------------------------------|------------------------|-------------------|---------------------------------|--|
| Effective on 12/08/2 | Complete if Known | | | | | |
| Fees pursuant to the Consolidated Approp | - pp.neamer. rentribus. | | 10/705,307-Conf. #4439 | | | |
| FEE TRANSMITTAL | | Filing Date | November 10, 2 | | | |
| For FY 2008 | | | | Lynne McIntyre | | |
| | | | | T. M. Mai | | |
| X Applicant claims small entity status. See 37 CFR 1,27 | | Art Unit | | 3727 | | |
| TOTAL AMOUNT OF PAYMENT | (5) 515.00 | Attorney Docket No. | | MCI-10002/29 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | |
| Check x Credit Card Money Order None Other (please identify): | | | | | | |
| X Deposit Account Deposit Account I | Account Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Krass, Sprinkle, | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | |
| Charge fee(s) Indicated below Charge fee(s) Indicated below, except for the filing fee | | | | | | |
| x Charge any additional fee(s) or underpayments of x Credit any overpayments | | | | | | |
| FEE CALCULATION | | | | | | |
| 1. BASIC FILING, SEARCH, AND EX | AMINATION FEES | | | | | |
| | ING FEES SE. | ARCH FEES | EXAMIN | NATION FEES | | |
| | Small Entity | Small Entity | - (0) | Small Entity | F B - t - t /0) | |
| Application Type Fee (S | | Pee (S) 255 | Fee (\$) 210 | | Fees Paid (\$) | |
| Utility 310 | | | | 105 | | |
| Design 210 | 105 100 | 50 | 130 | 65 | | |
| Plant 210 | 105 310 | 155 | 160 | 80 | | |
| Reissue 310 | 155 510 | 255 | 620 | 310 | | |
| Provisional 210 | 105 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | | | | | Small Entity Fee (S) Fee (S) | |
| Fee Oscription Each claim over 20 (including Reissues) 50 | | | | | | |
| Each independent claim over 3 (inch | | | | 210 105 | | |
| Multiple dependent claims | | | | | 370 185 | |
| Total Claims Extra Claims | Fee (\$) Fee I | Pald (\$) | M | uitiple Depende | ent Claims | |
| 18 -20= | | | Fe | ee (\$) <u>F</u> | ee Paid (S) | |
| HP = highest number of total claims paid for, | | | | | | |
| Indep. Claims Extra Claims | | Paid (\$) | | | | |
| HP = highest number of independent claims | | | | | | |
| 3. APPLICATION SIZE FEE | paid for, it greater than 5. | | | | | |
| If the specification and drawings ex | ceed 100 sheets of paper | (eveluding electro | nically fi | led sequence or | computer | |
| listings under 37 CFR 1.52(e)), | | | | | | |
| sheets or fraction thereof. See 3 | | | | | | |
| Total Sheets Extra Sheets | Number of each a | dditionel 50 or fract | lon thereo | f <u>Fee (\$)</u> | Fee Paid (S) | |
| - 100 == | /50 = | (round up to a whol | e number) | х | - | |
| 4. OTHER FEE(S) Fees Paid (S) | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | |
| Other (e.g., late filing surcharge): 2403 Request for oral hearing 515.00 | | | | | | |
| SUBMITTED BY | | | | | | |
| Ilgnature /John G. Posa/ | | Registration No. (Attorney/Agent) | 37,424 | Telephone | (734) 913-9300 | |
| Name (Print/Type) John G. Posa | | | | Date | February 14, 2008 | |